Yes No X	hild because they meet all three tests for	a spouse or dependent child because they r	"unearned" income, or liabilities of a spouse or dependent c the Committee on Ethics.	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or lial exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics
Yes No	d. Have you excluded	other "excepted trusts" need not be disclosed	mmittee on Ethics and certain dependent child?	TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?
S	SE QUESTIONS	N - ANSWER <u>BOTH</u> OF THE	RUST INFORMATIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS
	REQUIRED TO COMPLETE		ILY THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
	ES"	HEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU	ATTACH THE C
Yes No	than \$5,000 from a prior years?	J. Did you receive compensation of more than \$5,000 from single source in the current year and two prior years?	Yes No	D. Did you, your spouse, or your dependent child have any reportable flability (more than \$10,000) at any point during the reporting period?
r Yes No	t or arrangement with an	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
, Yes No X	uring the reporting nrough the date of filing?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	A. Did you, your spouse, or your dependent child: Down any reportable asset that was worth more than \$1,000 at the end of the reporting period? or Receive more than \$200 in unearned income from any reportable asset during the reporting period?
	:	QUESTIONS		PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE
A \$200 penalty shall be assessed against any individual who files more than 30 days late.		te May 15, 2017	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Employing Office:
U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	U.S. HOUSE O	Check if Amendment	35 th 35 th 35 th	New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election:
18 MAY 14 PM 1:12	I8 MAY	hone:_	Daytime Telephone:_	Name: 188 Baca
LEGISLATIVE RESOURCE CENTER		FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT
				•

SCHEDULE A - ASSETS & "UNEARNED INCOME"

		Name:	e HACA	Page of C
BLOCKA	BLOCK B	BLOCK C	BLOCK D	
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income	0
identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period; and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.	Indicate value of asset at close of the reporting period, if you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	nay check the "None" column. For all othe atle box below. Dividends, interest, and ne for assets held in taxable accounts n which you have no interest.
Provide complete names of stocks and mutual funds (do not use only ticker symbols).	*Column M is for assets held by your spouse or dependent child in which you have no interest.	"None" if the asset generated no income during the reporting period.		
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each assert held in the account that exceeds the reporting thresholds.				
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is			Current Year	Preceding Year
For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.		me)		
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.		me or Farm Inco		
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.		., Partnership Inco	0.4	
If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.			\$1,000,00	\$1,000,00
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	15,000 150-000 1100,000 \$250,000 \$500,000 \$1,000,000 11-\$5,000,000 101-\$25,000,000 101-\$50,000,000	T GAINS ED/BLIND TRUS ERRED	2,500 5,000 15,000 15,000 1500,000 \$1,000,000 11-\$5,000,000 100,000 100,000	2,500 5,000 15,000 15,000 850,000 \$100,000 \$1,000,000
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	\$250,001 \$500,001 \$1,000,00 \$5,000,00 \$25,000,00 Over \$50	TAX-DEF	\$1,000,00 Over \$5,0	\$1,001-\$; \$2,501-\$; \$5,001-\$ \$15,001-\$ \$50,001- \$100,001 \$1,000,001
SP, EIF DC, Mega Corp Stock	×	×	×	
Examples:	Indefinite	Royalties	×	×
ABC Hedge Fund X	×	Partnership Income	×	×
	×	Return		*
Varizon/Frontier	×	×	*	~
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	X	X min	×	
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SCHEDULE C - EARNED INCOME

Name:	
LOC BACA	
PAC	
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Page 4	
4 of	
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EXCLUDE : Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.		realities OCC 20 Process
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INCOME LIMITS and Members and emploprofessional service	INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	ncome may apply to you after yo limit is \$27,765. In addition, cert r staff.	u are on House payroll. The 2016 ain types of income (notably honoran	limit on outside earned income for ia, director's fees, and payments for
,			Am	Amount
U	Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
	ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples:	State of Manyland Civil War Roundtable (Oct. 2)	Spouse Speech	\$20,000	\$76,000 \$1,000
	Ontario County Board of Education	Spouse salary	N/A	NA

SCHEDULE D - LIABILITIES

Name: 200 アハダ Page_ Ŋ 잋 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and exceeded \$10,000. liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period *Column K is for liabilities held solely by your spouse or dependent child.

					SP,		
				Example			
				First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR	l	
				Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000	8	
I	·				\$50,001- \$100,000	ი	
				×	\$100,001- \$250,000	0	
					\$250,001- \$500,000	m	moun
					\$500,001- \$1,000,000	п	Amount of Liability
					\$1,000,001- \$5,000,000	6	ability
					\$5,000,001- \$25,000,000	Ξ	
					\$25,000,001- \$50,000,000		
					Over \$50,000,000	د	
					Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership,

	۲	Yd Dagree	Sole Proprietor (Consultant)	Position
		Knights et Columbus	J. B. Strategies LLC	Name of Organization

SCHEDULE F - AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

			12/2013 My self	Date
		1	my self	Parties to Agreement
				greement
7000			Continued Parts	
			Continued Participation in Vezigod Beauty Rawsies Plan	Terms of Agreement
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			P. P. Sam	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

government and any information considered confidence as a result of a privilegen relationship recognized by raw. Let not refee	This leads to a containing to a second state of the second
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services